

Awareness of Dental Undergraduates, Post Graduates and Dental Practitioners' about Dental and Biomedical Waste Management

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ABSTRACT

OBJECTIVE: To assess undergraduate, postgraduate dental students' and dental practitioners' knowledge of management of dental and biomedical waste and to focus on critical issues such as environment-friendly waste management.

METHODOLOGY: A total of 273 participants were recruited from January to June 2019 through convenience sampling in this cross-sectional study; undergraduate, postgraduate dental students, and general dental practitioners from private and public sector dental colleges of Karachi. The respondents answered different categories of waste management, including biomedical waste rules, waste disposal measures, dental waste types, common dangers of improper waste management, and some particular equipment problems, data analyzed on SPSS version 17.00.

RESULTS: From 273 (92.8%) completed questionnaires, 217(79.4%) were females. Undergraduate students were 61.9%, (n=169). Almost 64.4 % (n=176) of respondents didn't know about dental waste management rules. Among 75 % (n=205) of respondents, there was a consensus that qualified professionals should treat hospital disposal. Only 67.7% (n= 185) of individuals surveyed stated that they were familiar with the categories formed by dental waste. Approximately 95.5% (n=260) of respondents recommend workshops and Continuous medical education seminars for waste management. Compared to undergraduate students, postgraduate students had a significantly higher mean score, decreasing the "know-do gap" (p=0.069).

CONCLUSION: Among undergraduate dental students and dental practitioners, postgraduates were found to have a greater understanding of the correct methods for disposing of healthcare waste. However, the overall knowledge level of environment friendly waste management was insufficient.

KEYWORDS: Disposal of medical waste; Understanding of health, attitudes, practice; Dentistry

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INTRODUCTION

The health care system is a major profession in Pakistan. It includes various health sectors like medicine, surgery, dentistry, pharmacy, physiotherapy, etc. Waste generated by these health care domains is insufficient quantity¹. Healthcare waste encompasses all of the garbage that healthcare services, testing services, and research labs generate¹. Moreover, waste from dispersed resources generated in-home health care, like dialysis supplies, insulin injections, etc., was too incorporated². Approximately more than 80% of hospital waste is not harmful, among which WHO estimates; about 10% is contagious, and the remaining 5% is non-infectious. Awareness regarding the proper management of medical and dental waste products, especially infectious ones, is of utmost importance for the appropriate care of patients, people, and the environment³.

Most dental professionals seek to function independently inside their clinics; they must be aware of proper waste management. To fulfill this

requirement, it must be taught as part of the dental curriculum during undergraduate clinical training⁴, like hepatitis and HIV infections, improper waste treatment results in the aggressive spread of infection. Perhaps it serves as a breeding place for numerous other disease transmission vectors⁵. The spread of such infections from waste from health care presents a danger to people's health and their climate. It is necessary to emphasize the proper management of biomedical waste (BWM)⁶. Only a few studies have been conducted in the last five years regarding waste management in dental practices in Pakistan⁷. Several of these researches highlighted the immediate demand for new education in BWM technologies and suggested proper disposal of biomaterials and radiography waste which may have a more negligible effect on the surroundings. Research on biomedical management awareness and attitudes has also highlighted insufficient knowledge, substantial variance, and the call for education courses⁸.

As a result, this study designed to assess undergraduate, postgraduate dental students and

dental practitioners' knowledge regarding dental and biomedical waste management and focus on critical issues such as environment-friendly waste management.

METHODOLOGY

Cross-sectional research was planned among 273 respondents from January to June 2019 through nonprobability convenience sampling; subjects were recruited for the study. The study conducted among undergraduates, postgraduate students and general dental practitioners of Karachi Medical and Dental College and Liaquat College of Medicine and Dentistry, Karachi. The sample size was calculated using Raosoft software with the accepted margin of error of 5%, 95% confidence level, the population size of 930, and response distribution of 50%. After taking informed verbal consent, participants were asked to fill out a closed-ended questionnaire about the researchers' knowledge of BWM processes. There were five domains in the questionnaire, each of which evaluated different aspects of BWM in dentistry. A research questionnaire was comprised of 25 questions from five areas, such as "ethical aspects of biomedical waste", "stages of waste management", "categories of dental care waste", "common hazards of inappropriate waste disposal," and specific relevant equipment questions" was used to collect data. They were asked to choose the most suitable response and were told that their anonymity was confidential.

SPSS program 17.00 (SPSS Inc., Ill., USA) was used to conduct statistical analyses. The overall score of the questionnaire was calculated by giving accurate or acceptable responses a value of '1' and a score of '0'. The overall score was compared between the sexes, designations, and qualifications of the participants using the Mann-Whitney U test, which compares the overall score among sexes, designations, and qualifications of the participants. At 0.05, the p-value was determined to be statistically significant.

RESULTS

Approximately 273 (92.8%) complete questionnaires were chosen for data analysis. Total 217 (79.4%) were female among the participants. Most of the participants were undergraduate students (61.9%, n=169), while 17.3% (n=49) were postgraduates, and 20.14% (n=55) were general practitioners. Overall, 64.4 % (n=176) of respondents didn't know about dental waste management rules in Pakistan (**Table I**). Approximately 53.1% (n=145) participants responded that waste could be kept up to 96 hours before disposal, while 19.4% (n=53) reported 12 hours to dispose of the waste. Just 9.15 % (n=25) suggested that 48 hours was the highest allowable period for the waste stores. Most respondents (67.0%, n=183) noted that a government-approved collector is responsible for the final disposal of dental wastage. (**Table I**)

TABLE I: SHOWING AWARENESS OF BIOMEDICAL WASTE MANAGEMENT IN PAKISTAN

Query	Response	n	%
Awareness of Pakistan's biomedical waste management laws?	Yes	31	11.3
	No	176	64.4
	Not certain	66	24.1
Duration of waste keeping	12 hr	53	19.4
	72 hr	25	9.15
	48 hr	145	53.1
	96 hr	50	0.0
Awareness of the dental waste transportation regulatory body	Yes	18	6.59
	No	72	26.3
	Don't know	183	67.0

The second area (**Table II**) consisted of knowledge about stages of waste management. Approximately (53.8 %, n= 147) perceived that they were sufficiently conscious of the skills needed to manage hospital waste. Among 75 % (n=205) of respondents, it recommends that qualified professionals should treat hospital disposal. Results regarding awareness regarding proper order of six successful waste management steps revealed that only 42.8% (n= 117) respondents know the appropriate steps of waste disposal, i.e., Collection- Segregation- Storage- Transportation- Disposal.

The different types of waste generated in various dental specialty departments were assessed in the third category (**Table III**); this covered approximately one-third of the questions due to its special significance and relevance in everyday practice. About 67.7% (n= 185) of individuals surveyed stated they were not familiar with the categories formed by dental waste. The majority of respondents, i.e., 48.3% (n=132), consider extracted teeth can be infected or non-infected. Pharmaceutical waste is deemed the significant component of waste management, i.e., 64.1 % (n= 175). The majority of respondents (60.4, n= 129) consider a group of second-hand impression materials and cotton as highly contaminated items. Amalgam can be stocked up in common trash was responded by 53.1(n=153) respondents.

53.1 % (n= 145) of respondents can dispose of used sharps in puncture-resistant plastic bags. Discarding developer and fixer solution is majorly poured down the drain after being diluted, as responded by 65.5 (n=179) respondents. About 58.9% (161) respondents don't know about the disposal of exposed X-ray Films. The final group (**Table IV**) consisted of five general information-based questions about the various hazards and the value of waste disposal, which are typically taught in the BDS curriculum. Many of the questions in this section were correctly answered. Still, most respondents (95.2%, n=260) recommend

TABLE II: KNOWLEDGE OF BIOMEDICAL WASTE MANAGEMENT

Query	Reaction	n	%
Awareness regarding the handling of hospital waste?	Yes	69	25.2
	No	147	53.8
	Not sure	57	20.8
Biomedical waste handling by trained workers	No	10	3.6
	Yes	205	75
	Can't Say	58	21.2
Awareness regarding proper order of six successful waste management steps?	• Segregation-Collection- Transportation- Storage- Treatment- Disposal	89	30.03
	• Collection- Segregation- Storage- Transportation- Disposal	117	42.8
	• Storage- Segregation- Transportation- Collection- Treatment - Disposal	45	16.4
	• Transportation- Segregation- Collection- Storage- Treatment - Disposal	22	8.0

TABLE III: QUESTIONS RELATED TO AWARENESS OF WASTE MANAGEMENT

Factors	Reaction	n	%
Awareness of different categories of biomedical wastes	Don't know	185	67.7
	Know	88	32.2
Extracted teeth can be categorized into	Infected	100	42.1
	Non-infected	21	7.6
	Both	132	48.3
	Don't know	20	7.3
Disposal of a group of obsolete drugs	Chemical waste	56	20.5
	Pharmaceutical waste	175	64.1
	Cytotoxic waste	27	9.8
	Don't know	15	5.4
Group of second-hand impression materials and cotton	Cytotoxic	10	3.6
	dirty	98	35.8
	contaminated	129	60.2
	Don't distinguish	36	13.1
Amalgam can be stocked up	Place in a common trash can.	115	53.1
	Only airtight containers are allowed.	67	15.3
	Water in an airtight container	49	17.9
	Using the fixer	42	55.9
Disposal of used sharps	A typical bin	26	9.5
	Puncture-resistant plastic bag	145	53.1
	Break the needle and toss it away	95	34.7
	Incineration	7	2.5
Discarding of developer and fixer solution	Both of them end up in the sewer.	8	2.9
	The silver from the fixer is recovered and returned to the source in a designated facility	49	17.9
	Poured down the drain after being diluted	179	65.5
	Others	45	16.4
Disposal of exposed X-ray Films	Stored separately and disposed	96	35.1
	Buried in soil	16	5.8
	Don't know	161	58.9

waste management workshops and teaching so that realistic waste management exercises in dentistry schools would be beneficial.

The questionnaire's overall score was determined by assigning a score of '1' for accurate or approved responses and a score of '0' for erroneous replies. **Table V** reveals that the mean total score values for sex, designation, and qualification were not significantly different ($p=0.413$ and $p=0.076$, respectively). As compared to students, postgraduate students had a significantly higher mean score, decreasing the "know-do gap" ($p=0.069$). The response given was that postgraduates spend more time in the hospital.

TABLE IV: THE DANGERS OF INCORRECT

Query	Answer	n	%
Regarding biomedical waste containers	Should be kept closed	119	43.5
	Should be clean in the open air	45	16.4
	Compatibility according to waste	32	11.7
	Type of container used	77	28.2
Contribution to pollution and disease dispersal	Foul odor and growth of insects	28	10.2
	Spread of Disease	127	46.5
	Both	109	39.9
Disinfection of Lead Aprons	Yes	178	65
	No	29	6.5
	Don't know	66	30.1
Hazardous component of amalgam?	Silver	15	5.4
	Tin and Copper	5	1.8
	Zinc	11	4.0
	Mercury	242	88.6
Recommendations for waste management workshops and teaching	Agree	260	95.2
	Disagree	13	4.7

TABLE V: DEMOGRAPHIC DETAILS OF STUDY PARTICIPANTS

Factors	Category	Score			p-value
		n	Mean	± SD	
Gender	Women	217	11.70	2.96	0.413
	Men	56	13.96	2.35	
Designation	Undergraduate	169	12.46	2.83	0.069
	Postgraduate	64	15.22	2.74	
	GDPs	40	13.8	2.89	
	BDS	55	10.58	2.81	
Qualification	FCPS/MDS	49	11.17	2.80	0.076
	Undergraduate	169	11.59	3.50	

DISCUSSION

The results show a few gaps in undergraduate dental students, postgraduate students, and general dental practitioners regarding dental healthcare waste management regulations and awareness^{9,10}. However, a limited number of waste management experiments have been conducted at dental schools^{11,12,16}.

Those aspects are unfamiliar to dental students and students. They are not taught as part of the curriculum, so students have no idea what happens to the dental materials they use or the many options for adequately recycling or reusing them. Sharps are thrown away in a standard container after breaking the needle, which is a big concern and inappropriate way to manage sharps, as indicated by around 53.1% of participants in this study's comments; this is similar to other research in which 40% and 58 percent of respondents obtained the same answers, indicating a significant "know-do gap"^{17,18}.

It is critical to establish fines/penalties for the incorrect disposal of dental healthcare waste on a regulatory level and teach dental undergraduates about this in their early years of dentistry²⁰.

This research had a few limitations because only dentistry students were recruited, rather than the auxiliary personnel who is the driving force behind the BWM. Program limitations may have been reflected as a disparity in the participants' awareness of the BWM; dental auxiliary should also be assessed for the knowledge and handling of dental waste. Cross-sectional design and small sample size were also the study's limitations. It is recommended that further studies be planned with large sample size and modify study design to generalize results.

The main reason for this is a lack of education, which only addresses the disposal of biomedical waste in the clinical setting and offers little knowledge on the negative environmental consequences of improper disposal and modern proper disposal technologies. In comparison to the course, studies have shown that dental practitioners and students would participate in continuing dental education. It resulted that everyone

working in the healthcare sector has a responsibility to reduce the risks in society. This can be accomplished by educating students as early as at the undergraduate level, informing them of the most recent advancements in waste disposal, and including the practical application of efficient waste management into the dental curriculum. It is necessary to improve global awareness of proper waste disposal methods and introduce modern waste recycling methods where possible. The areas of our curriculum that need to be improved have been highlighted in this article. The need for changes and upgrades has been expressed so that future generations of dentists will minimize the burden of improper Waste management practices in health care with our environment and disease transmission.

It is advised that waste management teaching should be included in the dental curriculum. Dental personnel must also be taught and trained regarding proper and appropriate disposal of biomedical waste; workshops and courses should be planned to educate people to prevent harmful effects of waste management. It is also recommended to draw attention to educational syllabus flaws and curriculum, emphasizing eco-friendly waste management.

CONCLUSION

Among undergraduate dental students and dental practitioners, postgraduates were found to have a greater understanding of the correct methods for disposing of healthcare waste. However, the overall knowledge level of environment-friendly waste management was insufficient.

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